

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/574267

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2/1					53		1/1				
4		1/2					54		1/1				
5		2/1					55						
6		1/2					56						
7		2/1					57						
8		1/2					58						
9		2/1					59						
10		1/2					60						
11		2/1					61						
12		1/2					62						
13		2/1					63						
14		1/2					64						
15		2/1					65						
16		1/2					66						
17		2/1					67						
18		1/2					68						
19		2/1					69						
20		1/2					70						
21		2/1					71						
22		1/2					72						
23		2/1					73						
24		1/2					74						
25		2/1					75						
26		1/2					76						
27		2/1					77						
28		1/2					78						
29		2/1					79						
30		1/2					80						
31		2/1					81						
32	1						82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1/1					99						
50		1/1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	52	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	54					

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